

**Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 200554**

In the Matter of:

Notice of Proposed Rulemaking (NPRM) )  
Regarding the Universal Service Support Mechanism ) WC Docket No. 02-60  
for Rural Healthcare )

**Comments of:**

## Montana Healthcare Telecommunications Alliance (MHTA)

## Representing:

Partners in Health Telemedicine Network – St. Vincent Healthcare, Billings Montana

Eastern Montana Telemedicine Network – Deaconess Billings Clinic, Billings Montana

REACH Telemedicine Network – Benefis Healthcare, Great Falls Montana

VideoLink of St. Peters Hospital – Helena Montana

St. Patrick Hospital – Missoula Montana

Montana Healthcare Telecommunications Alliance (MHTA) was established in 1995 with the primary purpose of advocating and advancing telehealth application in the state of Montana. MHTA represents key stakeholders in healthcare telecommunications delivery and represents all of the telehealth networks in the state of Montana, in addition to other key telehealth advocates.

## **Recommendations for improvement of FCC Universal Service Support Mechanism**

Members of the Montana Healthcare Telecommunications Alliance have participated in the rural healthcare Universal Support Mechanism since its inception. Support provided by this program has been instrumental in the development and expansion of a robust telehealth environment that provides critical healthcare services to rural and frontier areas of Montana and northern Wyoming. This program has enabled over 60 small rural and critical access hospitals, mental health centers and rural health clinics access to cost effective advanced telecommunications services. Without this program, access to critical healthcare services via telecommunications mechanisms would not occur.

It is evident that Montana has benefited from the rural healthcare Universal Support Mechanism. But it is the belief of this Association, that improvements can be made to further advance this program in Montana and throughout the nation. While there are many issues to deal with, we believe that there are four main issues that FCC must address if the Universal Support Mechanism is to meet its full potential. They are as follows:

1. **The application and administrative process should be streamlined.** We recognize that RHCD has put considerable effort into making the application process more efficient. However, the existing application and administrative process continues to keep many rural healthcare providers from applying for Universal Service discounts. We would support the following changes in this program: Development of a less complicated application process; development of a mechanism for requiring more timely response from telecommunications providers; a requirement for telecommunications providers to bill customers for the discounted price only; and to account for multi year contracts through the development of an “easy” application.

**2. Eligible healthcare providers should be expanded.** In most rural communities the hospital and the long-term care facility are a combined healthcare delivery system.

We believe that RHCD funding should be expanded to include nursing homes and other long-term care facilities, to allow for continuity of care for all patients served by that facility. In addition, we believe that expansion should include certain for profit hospitals when those hospitals are the only hospital in the county and/or provide services to Medicare/Medicaid patients at a level of over 50% of their revenue. We believe that FCC has the ability to expand the program to cover these additional providers.

**3. Comparisons of rates should be based on comparable bandwidth, not type of service.** In the area of telehealth, providers really don't care what the type of connection is. The quality of the transmission is based on the amount of bandwidth, not the type of bandwidth. We believe that the support mechanism should be based on comparison of rates for bandwidth, not type of service.

**4. Both the Maximum Allowable Distance (MAD) and the requirement for comparing rates to the closest city of 50,000 population should be eliminated.**

We simply recommend that the FCC allows comparisons based on rural telecom rates to any urban area in the state, and that the RHCD post those rates on the web site.

In conclusion, we believe that Telehealth in Montana has expanded because of the Universal Service Program. Through this program we have been able to partner with our rural telecommunications providers to successfully develop a telehealth environment that can be held up as a model nation wide. We need the continued support of this program to meet the critical healthcare needs of the rural and frontier residents of Montana.